REMARKS / ARGUMENTS

Claims 1-27 were rejected. Claims 1-27 remain pending.

The drawings were objected to because element labels are handwritten. Corrected drawing sheets in compliance with 37 CFR 1.121(d) have been made and submitted as attachments.

Claims 1-27 were rejected under 35 U.S.C. 102(b) as being anticipated by De la Fonteljne (US 4,702,249).

The examiner stated, "De la Fonteljne discloses a therapeutic shockwave device comprising a reflector housing 1', a parabolic reflector 2' in the housing, and an energy source 3', 4' in the reflector for devoloping a planar shockwave formed by the parabolic reflector (col 2, lines 35-55; see figure 2). In another embodiment, the electrodes may take on a spherical shape such that the initially generated shockwave is spherical prior to being directed to the reflector (see figure 7). The reflector cavity may also be closed with a membrane (col 2, lines 17-19)."

De la Fonteljne does use a parabolic reflector but only in combination with a focusing lens specifically designed to redirect the planar wave to converge to a high energy focal point to create an improved acoustic shock wave pattern to disintegrate concrements. The entire disclosure teaches away from the use of plane or flat waves impinging the subject or the tissue treatment area. The entire description is directed to improving the efficiency of focused shock waves.

The present invention uses the planar shock waves shaped by a parabolic reflector to impinge the treated tissue with a plane or flat waves not focused into a focal point. This feature has been amended to be claimed in each independent claim 1, 13, 18 and 23. As such this prior art rejection cannot be maintained as being anticipatory. Support for the amendment is found at para 0012 of the publication US 2004/0162508 of the present invention.

Additionally applicants added the coupling membrane limitation to clarify that the planar shock wave is emitted through the membrane impinging the tissue treatment area or the subject as flat or plane waves not focused into a focal point. This clarification eliminates De la Fonteljne which only teaches using focused waves. Additionally De la Fonteljne's mention of generating a spherical wave prior to being directed to the reflector seems of little consequence as the resultant reflected wave must pass through a focusing lens to provide a focal point in the prior art patent. The present invention insures no focal point of the emitted shock wave is used to treat the tissue or subject.

Accordingly applicants respectfully request this rejection should be withdrawn.

Claims 1-27 were rejected under 35 U.S.C. 103(a) as being unpatentable over Muller et al (US 4,608,983) in view of de la Fonteljne (US 4,702,249).

The examiner stated, "Muller et al disclose a reflector housing, an ellipsoidal reflector 6 inherently with two focal points F1 and F2, and an energy source wherein a spark discharges between two electrodes 24, 30 emanating in all directions within a liquid 4. The shockwaves hit the ellipsoidal reflector and are directed in a non-planar manner to a focal point in the tissue (col 3, line 45-col 4, line 48; see figure 1).

However, Muller et al do not disclose a parabolic reflector for developing planar shockwaves. In the same field of endeavor, de la Fonteljne teaches a therapeutic shockwave device comprising a reflector housing 1', a parabolic reflector 2' in the housing, and an energy source 3', 4' in the reflector for devoloping a planar shockwave formed by the parabolic reflector (col 2, lines 35-55; see figure 2). In another embodiment, the electrodes may take on a spherical shape such that the initially generated shockwave is spherical prior to being directed to the

reflector (see figure 7). The reflector cavity may also be closed with a membrane (col 2, lines 17-19). It would have been obvious to the skilled artisan to modify Muller et al, to replace the ellipsoidal reflector with the parabolic reflector as taught by de la Fonteljne, because the characteristics of a shockwave reflecting off a parabolic surface as opposed to an ellipsoidal surface are well known in the art."

Again applicants amended the independent claims to clarify that the acoustic shock waves that impinge the treated tissue are plane or flat waves not focused into a focal point. This feature is neither disclosed nor even suggested in either of these two prior art references. Both Muller and De la Fonteljne rely on high energy focused shock waves focused into a focal point to impinge into the tissue to break the concrements. This is directly opposite of applicants claimed invention and as such fails to make a prima facie case of obviousness in view of the claims as currently presented. Applicants planar waves are for treating large volumes or areas and could not break up concrements due to the lack of a focal point being discharged in the tissue.

The treatments contemplated by the present invention are for deep penetration to tissue over a large area as described in para 0030 of the present invention patent publication 2004/0162508 A1. Applicant's arguments regarding the 101 and 112 rejections in regard to inoperability were found persuasive and withdrawn by the examiner based on the previous amendment. This amendment has in applicants opinion overcome the prior art rejections and the amended claims of this application should be allowed.

For the reasons stated above, applicants urge the examiner to withdraw all the rejections and allow the application to pass to issue.

Respectfully submitted,

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